

This Page Is Inserted by IFW Operations  
and is not a part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning documents *will not* correct images,  
please do not report the images to the  
Image Problem Mailbox.**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number P03958US1

First Named Inventor Stephen Cate et al.

**COMPLETE IF KNOWN**

Application Number 09/674,399

Filing Date 10/31/2000

Art Unit

Examiner Name Daniel Stemmer

As the below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND MEANS FOR FILLING NATURAL CASING SAUSAGES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/31/2000

as United States Application Number or PCT International

Application Number PCT/US00/02028 and was amended on (MM/DD/YYYY) 01/26/2000 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


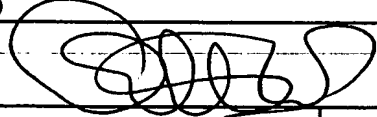
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		34082		OR <input type="checkbox"/>		Correspondence address below	
Name									
Address									
City				State			ZIP		
Country			Telephone				Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>									
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name Stephen H. (first and middle [if any])					Family Name Cate or Surname				
Inventor's Signature 							Date 10-31-02		
Johnston Residence: City			Iowa State		U.S. Country		U.S. Citizenship		
6016 Redbud Court									
Mailing Address									
Johnston City			Iowa State		50131 ZIP		U.S. Country		
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name Marcellinus F. (first and middle [if any])					Family Name Ottow or Surname				
Inventor's Signature 							Date Nov. 11 2002		
Rosmalen Residence: City			Netherlands State		The Netherlands Country		NE Citizenship		
Anna Blamanstr 66									
Mailing Address									
5242 EG Rosmalen City			Netherlands State		ZIP		The Netherlands Country		
<input checked="" type="checkbox"/> Additional inventors are being named on th 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Steven P.		Family Name Hergott	
Inventor's Signature <i>Steven P. Hergott</i>		Date 11-3-02	
Residence: City West Des Moines	State Iowa	Country U.S.	Citizenship U.S.
Mailing Address 5113 Wistful Vista Drive			
Mailing Address			
City West Des Moines	State Iowa	ZIP 50265	Country U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Vincent L.		Family Name Basile, II	
Inventor's Signature <i>Vincent L. Basile</i>		Date 10/31/02	
Residence: City West Des Moines	State Iowa	Country U.S.	Citizenship U.S.
Mailing Address 233 - 24th Street			
Mailing Address			
City West Des Moines	State Iowa	ZIP 50265	Country U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Michael S.		Family Name Simpson	
Inventor's Signature <i>Michael S. Simpson</i>		Date 10/31/02	
Residence: City Norwalk	State Iowa	Country U.S.	Citizenship U.S.
Mailing Address 4935 Wakonda Drive			
Mailing Address			
City Norwalk	State Iowa	ZIP 50211	Country U.S.

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 2 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
David Given Name		Hamblin Family Name or Surname	
Inv ntor's Signature <i>David Hamblin</i>		Date <i>Oct 31 2002</i>	
Norwalk Residence: City	Iowa State	U.S. Country	U.S. Citizenship
5213 Clearwater Drive Mailing Address			
Mailing Address			
Norwalk City	Iowa State	50211 ZIP	U.S. Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Kenneth L. Given Name		Lebsack Family Name or Surname	
Inventor's Signature <i>Kenneth L Lebsack</i>		Date <i>2002-10-31</i>	
Ankeny Residence: City	Iowa State	U.S. Country	U.S. Citizenship
914 NE 15th Street Mailing Address			
Mailing Address			
Ankeny City	Iowa State	50021 ZIP	U.S. Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Rudolf P.T. Given Name		Enklaar Family Name or Surname	
Inventor's Signature <i>Rudolf P.T. Enklaar</i>		Date <i>2002-11-07</i>	
Woerden Residence: City	Netherlands State	The Netherlands Country	NE Citizenship
Blazer 6, 3448 WD Mailing Address			
Mailing Address			
Woerden City	Netherlands State	ZIP	The Netherlands Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Jay D.		Family Name or Surname Thomas	
Inventor's Signature <i>Jay D. Thomas</i>		Date Nov. 6, 2002	
Residence: City Danville	State California	Country U.S.	Citizenship U.S.
Mailing Address 23 Volterra Court			
Mailing Address			
City Danville	State California	ZIP 94526	Country U.S.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/674,399
Filing Date	10/31/00
First Named Inventor	Cate et al.
Title	METHOD AND MEANS FOR FILLING NATURAL CASING SAUSAGES
Group Art Unit	
Examiner Name	Daniel Stemmer
Attorney Docket Number	P03958US1

I hereby appoint:

☒ Practitioners at Customer Number   
OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Stephen H. Cate
Signature	<i>Stephen H. Cate</i>
Date	10-31-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/674,399
Filing Date	10/31/00
First Named Inventor	Cate et al.
Title	METHOD AND MEANS FOR ELLING NATURAL CASING SAUSAGES
Group Art Unit	
Examiner Name	Daniel Stemmer
Attorney Docket Number	P03958US1

I hereby appoint:

☒ Practitioners at Customer Number

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Marcellinus F. Ottow

Signature

Date

Nov. 11-2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box. ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/674,399
Filing Date	10/31/00
First Named Inventor	Cate et al.
Title	METHOD AND MEANS FOR FILLING NATURAL CASING SAUSAGES
Group Art Unit	
Examiner Name	Daniel Stemmer
Attorney Docket Number	P03958US1

I hereby appoint:

☒ Practitioners at Customer Number  OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Steven P. Hergott
Signature	<i>Steven P. Hergott</i>
Date	11-3-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/674,399
Filing Date	10/31/00
First Named Inventor	Cate et al.
Title	METHOD AND MEANS FOR ELLING NATURAL CASING SAUSAGES
Group Art Unit	
Examiner Name	Daniel Stemmer
Attorney Docket Number	P03958US1

I hereby appoint:

☒ Practitioners at Customer Number  →

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number  →

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Vincent L. Basile, II
Signature	
Date	10/31/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/674,399
Filing Date	10/31/00
First Named Inventor	Cate et al.
Title	METHOD AND MEANS FOR FILLING NATURAL CASING SAUSAGES
Group Art Unit	
Examiner Name	Daniel Stemmer
Attorney Docket Number	P03958US1

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	David Hamblin
Signature	<i>David Hamblin</i>
Date	Oct 31 2002.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/674,399
Filing Date	10/31/00
First Named Inventor	Cate et al.
Title	METHOD AND MEANS FOR ELLING NATURAL CASING SAUSAGES
Group Art Unit	
Examiner Name	Daniel Stemmer
Attorney Docket Number	P03958US1

I hereby appoint:

☒ Practitioners at Customer Number

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Kenneth L. Lebsack
Signature	<i>Kenneth L. Lebsack</i>
Date	2002-10-31

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0036

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/674,399
Filing Date	10/31/00
First Named Inventor	Cate et al.
Title	METHOD AND MEANS FOR FILLING NATURAL CASING SAUSAGES
Group Art Unit	
Examiner Name	Daniel Stemmer
Attorney Docket Number	P03958US1

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Rudolf P.T. Enklaar
Signature	
Date	2002-11-07

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/674,399
Filing Date	10/31/00
First Named Inventor	Cate et al.
Title	METHOD AND MEANS FOR ELLING NATURAL CASING SAUSAGES
Group Art Unit	
Examiner Name	Daniel Stemmer
Attorney Docket Number	P03958US1

I hereby appoint:

☒ Practitioners at Customer Number

☐ Practitioner(s) named below:

Name	Registration Number



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Jay D. Thomas
Signature	<i>Jay D. Thomas</i>
Date	11/11/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box. ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/674,399
Filing Date	10/31/00
First Named Inventor	Cate et al.
Title	METHOD AND MEANS FOR ELLING NATURAL CASING SAUSAGES
Group Art Unit	
Examiner Name	Daniel Stemmer
Attorney Docket Number	P03958US1

I hereby appoint:

☒ Practitioners at Customer Number

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Michael S. Simpson
Signature	<i>Michael S. Simpson</i>
Date	10/31/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 9 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.